Innovative Roles for Seasoned Nurses: Retention Strategies
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Objectives

• To describe the significance of the aging nursing workforce

• Identify myths and realities related to the aging process impacting employment

• Discuss strategies employers are using to retain seasoned nurses in the workforce
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“Working later in life and supporting an older workforce is one of the biggest issues that healthcare faces over the next 20 years.” (Valuing Older Workers; Royal College of Nursing, November 2016; p. 3)

Organizational Steps to Developing a Commitment to Older Workers
- Make retention of older workers a commitment
- Work with leadership to identify bias
- Know your data
- Develop a plan including Diversity Awareness; Critical Conversations; Education
- Identify baseline measures and accountabilities
- Ensure all employees but particularly older employees know they are valued
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• Magnitude of the Issue:
  – In 2016, 40% of the RNs were age 50 or older, down from 53% in 2013 (1).
  – 39% of nurses from all ages surveyed responded “yes” or “maybe” when asked if they were thinking of retirement
  – 62% of nurses reported they would enter a training program for a new role if available
  – 62% of nurses over 54 yrs said they plan to retire in the next 3 yrs.
  – 21% of the nurses 54 yrs or older said they plan on working somewhere in a part-time role
  – 85% of nurses are satisfied with their career choice

Source: (1) Science News; 9/21/15; (2)https://www.ncsbn.org/workforce.htm
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**Trends**

We are living longer; Need increased income in later life

- U.S (women 83.3; men 79.5 by 2030). South Korean women projected to have life expectancy of 90 yrs. (CNBC)
- In 2010 only 19% of workers were over 55 yrs; by 2020 it is expected to be 25%
- Retirees have not saved enough; divorce rates among seniors are higher; pension and social security may not be enough; medical costs in later years is uncertain; friends and social interaction
- People who worked one year past age 65 have been found to have an 11% lower mortality (Chenkai, et al, 3/21/16; BMJ)
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- Age Distribution of RNs
- Employment Status and Age of RNs
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**Roles do matter over 65**
- 8% of RNs are working
- 17% of APRNs are working
- 25% of Clinical Nurse Specialists
- 23% of Nurse Midwives

1 in 10 nurse practitioners and nurse anesthetists are 65 or over

**Influencing Factors**
Engagement; Educational levels; Flexibility; Income; Shift length; Physical demands
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<table>
<thead>
<tr>
<th>Physical Changes/Myths associated with Aging</th>
<th>Suggested Adaptations or Interventions</th>
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<tbody>
<tr>
<td>Visual Acuity</td>
<td>Lighting; Font; Eye Exams</td>
</tr>
<tr>
<td>Higher incidence of injuries</td>
<td>Ergonomic changes; Design; Adaptive Devices</td>
</tr>
<tr>
<td>Negative changes in economic status</td>
<td>Increase financial knowledge/ Informed decision-making</td>
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<tr>
<td>Not interested in technology</td>
<td>93% of individuals over 50 want to learn new things; 79% interested in increasing computer skills</td>
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What is *Healthy Aging*?

While aging cannot be stopped or reversed, much can be done to influence how individuals experience aging (Thornton, 2002, p. 304).

- Levels of decline can be variable
- A person may be chronologically young and functionally old and/or chronologically old and functionally young
- Influencing Factors Supporting Healthy Aging:

  - Presence of a social network
  - Diet
  - Creams; Lotions; Potions
  - Exercise; No smoking (B/P; diabetes; obesity)
  - Limit alcohol consumption
  - Safety, well-being, feeling of value
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Gaps in the Literature

– Exploration regarding myths of aging
– Relationship/role of women in the workplace and impact of aging, particularly in nursing profession
– Associated factors related to physical decline in aging
– Mitigating effects of diet and exercise on aging and memory (recent Lancet® study regarding dementia)
– Predictors of early retirement in nursing workforce
– Identification of the role of education
– Flexible options in the retention and related outcomes
– Identification of the contribution of older workers in the nursing workforce
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- To identify reasons older RNs (> 45 yrs) remain in healthcare workforce (Conducted in South Wales, Australia)
  - Mean age respondents planned on leaving nursing= 61.2

**Reasons for staying in nursing:**
- Need for income- 61.9%
- Good working relationships- 54.3%
- Interesting work- 52.5%

To explore the effects of stress, economic factors, altruism, and values on intentions to leave jobs and nursing

861 nurses responded with average of 21 years experience

*Reasons for staying in nursing: job satisfaction; reduction of stress and value congruence*

*Reasons for leaving nursing: No longer experiencing fulfillment; pressure for efficiency vs. caring; workplace stress*
Reasons identified to stay beyond age targeted for retirement

- Work is interesting and I feel valued
- Good working relationships
- My work is valued
- Need for income
- Favorable working conditions
- Scheduling flexibility

- Health has a substantial effect on the decision to retire

(Lum & Lightfoot, 2003)
Evidence-based suggestions to retain seasoned nurses:

- **Phased Retirement for Nursing**
  - Prorated salary
  - Increased retirement income
  - Scheduling flexibility (seasonal schedules; shorter work weeks; contract project work; job sharing)
  - Multi-generational workforce development
  - Increased RN satisfaction; decreased vacancy
  - 60% of surveyed nurses have done nothing to prepare for retirement (*Weiss, 2005*)
  - 56% of nurses report lack of financial confidence (*Harris, 2016*)
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• **Business case for phased retirement:**
  – What is the cost of turnover? Turnover for nursing staff at 15% turnover is estimated at $2.4 million/year
  – What is the willingness of the organization leaders to support and provide a program of phased retirement?
  – Which positions or roles will be targeted for a pilot program of phased retirement to retain knowledge or skill?
    • Quality, research, education, direct care, sitters, compliance, informatics, case management
  – Identify the direct and indirect benefits to the organization
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- **Steps to explore Phased Retirement within Social Model** *(Issel, 2004):*
  - Validate support with key stakeholders
  - Conceptualize pilot plan for phased retirement
  - Identify key individuals for pilot
  - Develop SWOT analysis
  - Identify a funding source for the program
  - Identify risks, challenges and outcome measurements to monitor program
  - Develop communication plan

*In 2016 only 6% of large employers have formal phased retirement however, 42% are considering (CNBC)*
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**Additional Strategies to Support Retention**

- Review of HR policies and organizational support/culture;
- Financial education support (investments/retirement planning/debt/insurance)
- Addition of ergonomic support (overhead lifts; technology; chairs; gait belts)
- Leadership development and sensitivity training
- Job sharing/Flexible scheduling/seasonal roles
- Other initiatives from the literature:
  - Ad hoc or prn faculty/trainers
  - Career coaching
  - Retention benefits (seniority rewards)
  - Creation of new roles (care coordination; call centers; auditing; special projects)
Research Question: What are those factors that influence nurses’ intent to leave the profession by retiring early or at the usual age of retirement?

Specific Aims:

- This project: a) examined overall work satisfaction among nurses who intend to leave practice (retire early or at usual age); b) examined the influence of autonomy and flexibility in relation to intent to leave; c) examined knowledge related to consequences of retirement/remaining in the workplace; and d) tested the following two instruments for reliability and validity: 1) Satisfaction working as a nurse based on Watson’s Theory of Caring (1985); and 2) Knowledge of Consequences of Retirement Methods (PI developed)
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**Methods**

**Design:** A cross-sectional, descriptive, comparative design was used. Questionnaires measuring intent to leave, work satisfaction and knowledge of retirement were given to clinical bedside nurses (CBNs) and advanced practice nurses (APNs). Differences in response to the “Intent to Leave” questionnaire between CBNs and APNs assessed the influence of autonomy and flexibility.
• **Sample:**
  – Based on a power analysis with alpha=.05, power .80, 51 CBN’s and 51 APN’s were asked to participate in the project by responding to the questionnaires.
  – All participants- registered nurses and advanced practice registered nurses employed in the setting at the time of the study.
  – Bias was addressed because participants were blinded and did not report to the PI
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• **Findings:**
  – Work satisfaction scores were similar and high among all nurses
  – No differences were found between groups (bedside nurses vs. APNs) regarding intent to stay
  – Financial Knowledge of Consequences of Retirement Related to Income was below the mean for both groups but higher for APNs than RNs
  – High desire to stay in nursing workforce was common
  – Relationships were important to respondents as a contributing factor to work satisfaction

Data is clear that experience in nursing supports expertise, which has a positive impact on patient care and quality outcomes. The aging of the nursing workforce and looming retirement of experienced nurses can have a serious negative impact if knowledge loss cannot be tempered with actions including dispelling the myths of aging, accommodation of the workplace for physical changes associated with aging, creation of innovative programs such as phased retirement and increase in the knowledge about the aging nursing workforce and preparation for retirement including intent to stay in nursing and satisfaction with the nursing profession.

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**Adaptations Supporting Retention of Older Nurses**

- Evaluate organizational culture and value placed on older employees
- Know your workforce demographics (data)
- Offer flexible scheduling and phased or part-time retirement
- Prioritize and recognize older workers for new skills and roles
- Ensure work is purposeful and purpose-filled; Encourage relationships
- Evaluate workplace safety and ergonomics
  - Lighting
  - Shift length
  - Lifting devices; Gait belts; Chairs; Computer Height and Location
  - Unit/department design
- Ensure training and learning opportunities adapt to individual preferences
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